E311 3	41-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-				
Debt		ation to identify your case: Clifton Jerry Holifield, II			
Deni	101 1	First Name Middle Name Last Name			
Debt		Kayla Eubanks Holifield First Name Last Name			
	se if, filing)				
Unite	ed States Ban	kruptcy Court for the: SOUTHERN DISTRICT OF MISSISSIPPI			
	e number				
(if kno	wn)		_		if this is an ed filing
∩tt	icial Ear	m 106Cum			
		m 106Sum		4.	0/45
		Your Assets and Liabilities and Certain Statistical Information accurate as possible. If two married people are filing together, both are equally responsible for	or sur		2/15
	original form	ut all of your schedules first; then complete the information on this form. If you are filing amend s, you must fill out a new <i>Summary</i> and check the box at the top of this page. rize Your Assets	ed sc	hedule	es after you file
				our as	
			Va	alue of	what you own
1.		B: Property (Official Form 106A/B) 55, Total real estate, from Schedule A/B	\$	š	170,000.00
	1b. Copy line	62, Total personal property, from Schedule A/B	\$;	136,065.00
	1c. Copy line	63, Total of all property on Schedule A/B	\$.	306,065.00
Part	2: Summa	rize Your Liabilities			
				our lial	bilities you owe
2.		Creditors Who Have Claims Secured by Property (Official Form 106D) total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	\$	202,645.00
3.		F: Creditors Who Have Unsecured Claims (Official Form 106E/F) total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	š	5,000.00
	3b. Copy the	total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	š	22,025.00
			_		
		Your total liabilities	<u></u>		229,670.00
Part	3: Summa	rize Your Income and Expenses			
4.		our Income (Official Form 106I) mbined monthly income from line 12 of Schedule I	\$	\$	4,548.87
5.		Your Expenses (Official Form 106J) onthly expenses from line 22c of Schedule J	\$	\$	2,185.00
Part	4: Answer	These Questions for Administrative and Statistical Records			
6.	-	g for bankruptcy under Chapters 7, 11, or 13? have nothing to report on this part of the form. Check this box and submit this form to the court with yo	ur oth	er sche	edules.
7.	Yes What kind of	f debt do you have?			
	■ Your de	ebts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for	a ner	sonal f	amily, or
		old purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.	p 010		,, v .

the court with your other schedules.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

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Debtor 2	- · · · · · · · · · · · · · · · · · · ·	Case number (if known)	
	om the <i>Statement of Your Current Monthly Income</i> : Cop 2A-1 Line 11; OR , Form 122B Line 11; OR , Form 122C-1 L		\$ 5,599.42

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total clair	m
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	5,000.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	5,000.00

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Fill	in this inforn	mation to identify	your case and th	is filinç	j:			
Deb	otor 1	Clifton Jerry	Holifield, II					
		First Name	Middle	Name	Last Name			
	otor 2 use, if filing)	Kayla Euban		Name	Last Name			
' '								
Uni	ted States Ba	inkruptcy Court for	the: SOUTHER	N DIST	RICT OF MISSISSIPPI			
Cas	e number _							☐ Check if this is a amended filing
Of	ficial Fo	rm 106A/B	,					
		e A/B: Pr	-					12/15
think infor	it fits best. Be mation. If more ver every ques	e as complete and a e space is needed, a stion.	accurate as possibl attach a separate sl	e. If two neet to t	only once. If an asset fits in more than one of married people are filing together, both are enis form. On the top of any additional pages, Estate You Own or Have an Interest In	qually resp	onsible for su	pplying correct
	No. Go to Pari	, , , ,	uitable interest in a	ny resid	ence, building, land, or similar property?			
1.1				What	is the property? Check all that apply			
	Street address,	gton Rd if available, or other des	cription	— Duploy or multi unit building the		the amount	Do not deduct secured claims or exemptic the amount of any secured claims on Sche Creditors Who Have Claims Secured by F	
	Beaumont		39423-0000		Manufactured or mobile home Land	Current va	perty?	Current value of the portion you own?
	City	State	ZIP Code		Investment property Timeshare Other	Describe t		\$170,000.0 our ownership interest ancy by the entireties,
	5			_	has an interest in the property? Check one Debtor 1 only		e), if known.	
	Perry County				Debtor 1 and Debtor 2 only At least one of the debtors and another r information you wish to add about this item	(see in:	structions)	nmunity property
				Othe prope		, such as lo	ecal	\$170,000.00

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

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Debto Debto		lifton Jerry Holifield, II ayla Eubanks Holifield	Ca	ase number (if known)	
3. Ca	rs, vans,	trucks, tractors, sport utility v	ehicles, motorcycles		
	No				
■,					
_	res				
3.1	Make:	Toyota	Who has an interest in the property? Observer	Do not deduct secured cl	aims or exemptions. Put
3.1		Tacoma	Who has an interest in the property? Check one	the amount of any secure Creditors Who Have Clair	
	Model: Year:	2024	Debtor 1 only		
		nate mileage: 11500	☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	Current value of the entire property?	Current value of the portion you own?
		ormation:	☐ At least one of the debtors and another		p,
			☐ Check if this is community property	\$36,929.00	\$36,929.00
			(see instructions)		
		1		Do not deduct secured cl	aims or exemptions. But
3.2	Make:	Jeep	Who has an interest in the property? Check one	the amount of any secure	ed claims on Schedule D:
	Model:	Grand Cherokee	Debtor 1 only	Creditors Who Have Clair	ms Secured by Property.
	Year:	2021 nate mileage: 73614	Debtor 2 only	Current value of the	Current value of the
		nate mileage: 73614 ormation:	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	entire property?	portion you own?
	Other iiii	ormation.	At least one of the debtors and another		
			☐ Check if this is community property	\$21,654.00	\$21,654.00
			(see instructions)		
3.3	Make:	Honda	Who has an interest in the property? Check one	Do not deduct secured cl the amount of any secure	
	Model:	Rebel 300	☐ Debtor 1 only	Creditors Who Have Clair	
	Year:	2023	☐ Debtor 2 only	Current value of the	Current value of the
	Approxin	nate mileage: 250	■ Debtor 1 and Debtor 2 only	entire property?	portion you own?
	Other inf	ormation:	☐ At least one of the debtors and another		
			☐ Check if this is community property	\$3,510.00	\$3,510.00
			(see instructions)		
	,				
4. W a	tercraft.	aircraft, motor homes. ATVs a	nd other recreational vehicles, other vehicles, an	nd accessories	
			ratercraft, fishing vessels, snowmobiles, motorcycle a		
_					
•	r'es				
4.1	Make:	CanAm	Who has an interest in the property? Check one	Do not deduct secured cl	aims or exemptions. Dut
		Defender VTO	П	the amount of any secure	ed claims on Schedule D:
	Model:	Defender XT9	Debtor 1 only	Creditors Who Have Clair	ms Secured by Property.
	Year:	2024	Debtor 2 only	Current value of the	Current value of the
	Otherinf	ormation:	■ Debtor 1 and Debtor 2 only	entire property?	portion you own?
	Other in	ormation:	☐ At least one of the debtors and another☐ Check if this is community property	\$12,784.00	\$12,784.00
			(see instructions)	φ12,704.00	φ12,704.00
	M		Who has an interest to discuss to 2 are		
4.2	Make:	Honda	Who has an interest in the property? Check one	Do not deduct secured cl	
	Model:	Rancher	☐ Debtor 1 only	the amount of any secure Creditors Who Have Clair	
	Year:	2024	Debtor 2 only		
			■ Debtor 1 and Debtor 2 only	Current value of the entire property?	Current value of the portion you own?
	Other inf	ormation:	☐ At least one of the debtors and another		
			☐ Check if this is community property	\$5,472.00	\$5,472.00
			(see instructions)		

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Debtor Debtor	· · · · · · · · · · · · · · · · · · ·	Case number (if known)	
	I the dollar value of the portion you own for all of your entries from I les you have attached for Part 2. Write that number here		\$80,349.00
Part 3:	Describe Your Personal and Household Items		
	u own or have any legal or equitable interest in any of the following	items?	Current value of the portion you own? Do not deduct secured claims or exemptions.
Exa	sehold goods and furnishings amples: Major appliances, furniture, linens, china, kitchenware lo 'es. Describe		dams of exemptions.
	Household Goods		\$630.00
Exa	tronics Imples: Televisions and radios; audio, video, stereo, and digital equipment including cell phones, cameras, media players, games Ves. Describe	nt; computers, printers, scanners; music coll	ections; electronic devices
	Electronics		\$1,700.00
Exa In N In N 9. Equ	ectibles of value Imples: Antiques and figurines; paintings, prints, or other artwork; books, other collections, memorabilia, collectibles Ido Yes. Describe Ipment for sports and hobbies Imples: Sports, photographic, exercise, and other hobby equipment; bicycommons.		
■ N	musical instruments lo 'es. Describe		
	ramples: Pistols, rifles, shotguns, ammunition, and related equipment		
	12 gauge Remington shotgun		\$300.00
	ramples: Everyday clothes, furs, leather coats, designer wear, shoes, acc	eessories	
	Clothing		\$3,000.00
	ramples: Everyday jewelry, costume jewelry, engagement rings, wedding	rings, heirloom jewelry, watches, gems, gol	d, silver
	Pearl Necklace		\$300.00

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Debtor 1 Debtor 2	Kayla Euban				Case number (if known))
		Pearl I	Earrings			\$100.00
		Engag	ement ring an	d weddings bands		\$600.00
		Diamo	ond Earrings			\$300.00
Exam _l □ No -	orm animals oles: Dogs, cats, b	oirds, hor	ses			
		Pets				\$20.00
15. Add t		of all of y	our entries from	n Part 3, including any entries	s for pages you have attached	\$6,950.00
Part 4: De	scribe Your Financ	cial Asset	s			
Do you ov	vn or have any le	egal or e	quitable interest	in any of the following?		Current value of the portion you own? Do not deduct secured claims or exemptions.
☐ No			-	home, in a safe deposit box, a	and on hand when you file your peti	tion
					Cash	\$5.00
Exam _l □ No				ccounts; certificates of deposit; nts with the same institution, lis Institution name:	; shares in credit unions, brokerage st each.	houses, and other similar
		17.1.	Checking	Community Bank	(\$759.00
		17.2.	Savings	Community Bank	(\$2.00
		17.3.		CashApp		\$0.00
		17.4.		PayPal		\$0.00

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	ebtor 2	Kayla Eubanks Holifield	Case n	number (if known)
18		mutual funds, or publicly traded stock		
	■ No	mes: Bond runds, investment accounts with	h brokerage firms, money market accounts	
		Institution or iss	uer name:	
19	Non-pu		orporated and unincorporated businesses, inclu	uding an interest in an LLC, partnership, and
	■ No			
	☐ Yes.	Give specific information about them Name of entity:		ownership:
20	Negotia	able instruments include personal checks,	negotiable and non-negotiable instruments, cashiers' checks, promissory notes, and money or ot transfer to someone by signing or delivering them	
	_	Give specific information about them		
		Issuer name:		
24	Datiron			
21		nent or pension accounts bles: Interests in IRA, ERISA, Keogh, 401(l	k), 403(b), thrift savings accounts, or other pension	or profit-sharing plans
		List each account separately.		
	— 163.1	Type of account:	Institution name:	
			PERS	\$14,000.00
-				
			401(k)	\$4,000.00
22	Your sl		le so that you may continue service or use from a coent, public utilities (electric, gas, water), telecommu	
	■ No		Institution name or individual:	
	⊔ Yes.		institution name of individual.	
23	Annuiti No	ies (A contract for a periodic payment of m	noney to you, either for life or for a number of years	
	☐ Yes	Issuer name and description	n.	
24	26 U.S.0	s in an education IRA, in an account in C. §§ 530(b)(1), 529A(b), and 529(b)(1).	a qualified ABLE program, or under a qualified	state tuition program.
	■ No □ Yes	Institution name and descri	ption. Separately file the records of any interests.11	U.S.C. § 521(c):
25	Trusts, ■ No	equitable or future interests in propert	ty (other than anything listed in line 1), and right	s or powers exercisable for your benefit
		Give specific information about them		
26		s, copyrights, trademarks, trade secrets eles: Internet domain names, websites, pro	s, and other intellectual property occeds from royalties and licensing agreements	
		Give specific information about them		
27		es, franchises, and other general intangoles: Building permits, exclusive licenses, o	gibles cooperative association holdings, liquor licenses, pr	ofessional licenses
	■ No		2	
	☐ Yes.	Give specific information about them		
M	oney or p	property owed to you?		Current value of the portion you own?

Official Form 106A/B Schedule A/B: Property page 5

claims or exemptions.

	ebtor 1 ebtor 2	Clifton Jerry Holifield, II Kayla Eubanks Holifield			Case number (if known)	
	□ No	funds owed to you Give specific information about the	nem, including whether you already	filed the returns an	d the tax years	
			State Tax Refund			\$10,000.00
			Federal Tax Refund			\$10,000.00
			EIC			\$10,000.00
	Exam _i ■ No	support ples: Past due or lump sum alimo Give specific information	ny, spousal support, child support,	maintenance, divor	ce settlement, property	v settlement
	Exam _i ■ No	amounts someone owes you bles: Unpaid wages, disability instruments benefits; unpaid loans you number of the specific information	urance payments, disability benefits nade to someone else	s, sick pay, vacatior	pay, workers' compe	nsation, Social Security
		sts in insurance policies oles: Health, disability, or life insu	rance; health savings account (HS	A); credit, homeown	er's, or renter's insural	nce
	■ Yes.	Name the insurance company of Company		Beneficia	y:	Surrender or refund value:
		Life Insu	rance - no cash value			\$0.00
	If you a some of		ou from someone who has died t, expect proceeds from a life insur	ance policy, or are o	currently entitled to rec	eive property because
33.			or not you have filed a lawsuit outes, insurance claims, or rights to		or payment	
		Describe each claim				
	■ No	contingent and unliquidated class	aims of every nature, including c	ounterclaims of th	e debtor and rights to	o set off claims
35.	-	nancial assets you did not alrea	ndy list			
	■ No □ Yes.	Give specific information				
36			ntries from Part 4, including any			\$48,766.00

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Debtor 1 Debtor 2	Clifton Jerry Holifield, II Kayla Eubanks Holifield		Case number (if known)	
D (C D)				
	sscribe Any Business-Related Property You Own or Have an Inter	<u> </u>	ate in Part 1.	
	own or have any legal or equitable interest in any business-relat o to Part 6.	ed property?		
_				
☐ Yes. (Go to line 38.			
	escribe Any Farm- and Commercial Fishing-Related Property You you own or have an interest in farmland, list it in Part 1.	Own or Have an Interes	st In.	
46. Do yo ւ	u own or have any legal or equitable interest in any farm-	or commercial fishin	ng-related property?	
■ No.	Go to Part 7.			
☐ Yes	s. Go to line 47.			
Part 7:	Describe All Property You Own or Have an Interest in That You	u Did Not List Above		
	u have other property of any kind you did not already list	?		
■ No	ples: Season tickets, country club membership			
	Give specific information			
— 103.	Give specific information		_	
54. Add 1	the dollar value of all of your entries from Part 7. Write th	at number here		\$0.00
Part 8:	List the Totals of Each Part of this Form		L	
55. Part	1: Total real estate, line 2			\$170,000.00
	2: Total vehicles, line 5	\$80,349.00		+ = 7,====
57. Part 3	3: Total personal and household items, line 15	\$6,950.00		
58. Part	4: Total financial assets, line 36	\$48,766.00		
59. Part :	5: Total business-related property, line 45	\$0.00		
60. Part	6: Total farm- and fishing-related property, line 52	\$0.00		
61. Part	7: Total other property not listed, line 54 +	\$0.00		
62. Total	personal property. Add lines 56 through 61	\$136,065.00	Copy personal property to	stal \$136,065.00
63. Total	of all property on Schedule A/B. Add line 55 + line 62			\$306,065.00

Fill in this infor	mation to identify your	case:		
Debtor 1	Clifton Jerry Holi	field, II		
	First Name	Middle Name	Last Name	
Debtor 2	Kayla Eubanks H	olifield		
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	SOUTHERN DISTRICT	OF MISSISSIPPI	
Case number				
(if known)				☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/25

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim Sp	ecific laws that allow exemption
	Copy the value from Schedule A/B	Check only one box for each exemption.	
235 Arlington Rd Beaumont, MS 39423 Perry County	\$170,000.00	■ \$75,000.00 Mi	iss. Code Ann. § 85-3-21
Line from Schedule A/B: 1.1		☐ 100% of fair market value, up to any applicable statutory limit	
2024 Toyota Tacoma 11500 miles Line from Schedule A/B: 3.1	\$36,929.00	■ \$0.00 Mi	iss. Code Ann. § 85-3-1(a)
Ellie Holli Golleddie A/D. 3.1		☐ 100% of fair market value, up to any applicable statutory limit	
2021 Jeep Grand Cherokee 73614 miles	\$21,654.00	■ \$0.00 Mi	iss. Code Ann. § 85-3-1(a)
Line from Schedule A/B: 3.2		□ 100% of fair market value, up to any applicable statutory limit	
Household Goods Line from Schedule A/B: 6.1	\$630.00	■ \$630.00 Mi	iss. Code Ann. § 85-3-1(a)
Ellie Holli Schedule A/D. V.1		☐ 100% of fair market value, up to any applicable statutory limit	
Electronics Line from Schedule A/B: 7.1	\$1,700.00	■ \$1,700.00 Mi	iss. Code Ann. § 85-3-1(a)
LINE HOTH SCHEUUIE AVD. 1.1		100% of fair market value, up to any applicable statutory limit	

	otor 1 otor 2	Clifton Jerry Holifield, II Kayla Eubanks Holifield			Case number (if known)	
		Brief description of the property and line on Current value A/B that lists this property portion y		Am	ount of the exemption you claim	Specific laws that allow exemption
			Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
	Clot	ning rom <i>Schedule A/B</i> : 11.1	\$3,000.00		\$3,000.00	Miss. Code Ann. § 85-3-1(a)
					100% of fair market value, up to any applicable statutory limit	
		I Earrings rom Schedule A/B: 12.2	\$100.00		\$100.00	Miss. Code Ann. § 85-3-1(a)
					100% of fair market value, up to any applicable statutory limit	
	Enga	agement ring and weddings	\$600.00		\$600.00	Miss. Code Ann. § 85-3-1(a)
		rom Schedule A/B: 12.3			100% of fair market value, up to any applicable statutory limit	
	Pets	rom Schedule A/B: 13.1	\$20.00		\$20.00	Miss. Code Ann. § 85-3-1(a)
	Line from Scnedule A/B: 13.1				100% of fair market value, up to any applicable statutory limit	
	Cash	n rom Schedule A/B: 16.1	\$5.00		\$5.00	Miss. Code Ann. § 85-3-1(a)
	Ellie Holli Golledale 74 B. 19.1				100% of fair market value, up to any applicable statutory limit	
	PER	S rom Schedule A/B: 21.1	\$14,000.00			Miss. Code Ann. § 85-3-1(e)
	Line	Tom Schedule AVB. 2111			100% of fair market value, up to any applicable statutory limit	
	401(k) rom Schedule A/B: 21.2	\$4,000.00			Miss. Code Ann. § 85-3-1(e)
	Line	Totil Schedule AV.B. 21.2			100% of fair market value, up to any applicable statutory limit	
		e Tax Refund from Schedule A/B: 28.1	\$10,000.00		\$10,000.00	Miss. Code Ann. § 85-3-1(k)
		10.11			100% of fair market value, up to any applicable statutory limit	
		eral Tax Refund	\$10,000.00		\$10,000.00	Miss. Code Ann. § 85-3-1(j)
	Line	ioni concadio / v B. 2012			100% of fair market value, up to any applicable statutory limit	
	EIC	rom Schedule A/B: 28.3	\$10,000.00		\$10,000.00	Miss. Code Ann. § 85-3-1(i)
	Line	ioni concane / v B. 2010			100% of fair market value, up to any applicable statutory limit	
3.	(Subj	ou claiming a homestead exemption ect to adjustment on 4/01/28 and every	3 years after that for ca	ases fi		
		Yes. Did you acquire the property cove □ No □ Yes	red by the exemption wi	thin 1	,215 days before you filed this case?	

Official Form 106C

Fill in this informa	ation to identify you	ır case:			
Debtor 1	Clifton Jerry Ho	lifield. II			
	First Name	Middle Name Last Name			
Debtor 2	Kayla Eubanks				
(Spouse if, filing)	First Name	Middle Name Last Name			
United States Bank	cruptcy Court for the	SOUTHERN DISTRICT OF MISSISSIPPI			
Case number					
(if known)				☐ Check	if this is an
				amend	ded filing
O(() : 1 E	400D				
Official Form					
Schedule [D: Creditors	Who Have Claims Secured	l by Propert	у	12/15
Be as complete and a	accurate as possible.	If two married people are filing together, both are equ	ially responsible for su	ipplying correct informa	tion. If more space
		out, number the entries, and attach it to this form. On			
1. Do any creditors ha	ave claims secured by	your property?			
□ No. Check to	his box and submit t	his form to the court with your other schedules. Yo	u have nothing else t	o report on this form.	
_	all of the information				
	Secured Claims				
-			Column A	Column B	Column C
		nore than one secured claim, list the creditor separately a particular claim, list the other creditors in Part 2. As	Amount of claim	Value of collateral	Unsecured
		cal order according to the creditor's name.	Do not deduct the	that supports this	portion
2.1 Ally Financ	ial. Inc	Describe the property that secures the claim:	value of collateral. \$32.637.00	claim \$21,654.00	If any \$10.983.00
Creditor's Name		2021 Jeep Grand Cherokee 73614	402,007.100		<u> </u>
		miles			
Attn: Bankı	• •	As of the date you file, the claim is: Check all that			
Po Box 380		apply.			
	on, IL 55438	Contingent			
Number, Street, C	ity, State & Zip Code	Unliquidated			
Who owes the debt	12 Charle and	☐ Disputed Nature of lien. Check all that apply.			
_	r Check one.	_			
Debtor 1 only			urea		
Debtor 2 only	4 0 b.	Statutory lien (such as tax lien, mechanic's lien)			
■ Debtor 1 and Debt At least one of the	,				
☐ Check if this clai		☐ Judgment lien from a lawsuit☐ Other (including a right to offset)			
community debt		Other (including a right to onset)			

Opened 05/24 Last

Date debt was incurred Active 05/25

2654

Last 4 digits of account number

Debtor 1 Clifton Jerry Holifield, II		Case number (if known)		
First Name Middle N				
Debtor 2 Kayla Eubanks Holifield				
First Name Middle N	ame Last Name			
2.2 American Honda Finance	Describe the property that secures the claim:	\$7.410.00	\$5,472.00	\$1.938.00
Creditor's Name	2024 Honda Rancher		 \	V 1,000.00
	2024 Horida Ranonoi			
Attn: Bankruptcy				
Po Box 168088	As of the date you file, the claim is: Check all that apply.			
Irving, TX 75016	Contingent			
Number, Street, City, State & Zip Code	☐ Unliquidated			
	☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only	☐ An agreement you made (such as mortgage or s	secured		
Debtor 2 only	car loan)			
☐ Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
☐ At least one of the debtors and another	☐ Judgment lien from a lawsuit			
☐ Check if this claim relates to a	☐ Other (including a right to offset)			
community debt	· · · · · · · · · · · · · · · · · · ·			
Opened 05/24 Last Active				
Date debt was incurred 9/01/24	Last 4 digits of account number 0592	2		
<u> </u>				
2.3 American Honda Finance	Describe the property that secures the claim:	\$4,714.00	\$3,510.00	\$1,204,00
Creditor's Name	2023 Honda Rebel 300 250 miles			\$1,206
	2020 Horida Robol 000 200 Hillio			
Attn: Bankruptcy				
Po Box 168088	As of the date you file, the claim is: Check all that apply.			
Irving, TX 75016	Contingent			
Number, Street, City, State & Zip Code	☐ Unliquidated			
	Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only	☐ An agreement you made (such as mortgage or s	secured		
Debtor 2 only	car loan)			
☐ Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
☐ At least one of the debtors and another	☐ Judgment lien from a lawsuit			
☐ Check if this claim relates to a	☐ Other (including a right to offset)			
community debt	· · /			
Opened				
05/24 Last				
Date debt was incurred Active 06/25	Last 4 digits of account number 6530)		

Debtor 1 Clifton Jerry Holifield, II		Case number (if known)		
First Name Middle N	ame Last Name			
Debtor 2 Kayla Eubanks Holifield				
First Name Middle N	ame Last Name			
2.4 Community Bank	Describe the property that secures the claim:	\$87,189.00	\$170,000.00	\$0.00
Creditor's Name	235 Arlington Rd Beaumont, MS			
	39423 Perry County			
Attn: Bankruptcy	As of the date you file, the claim is: Check all that			
1905 Community Bank	apply.			
Flowood, MS 39232	Contingent			
Number, Street, City, State & Zip Code	☐ Unliquidated			
	☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
☐ Debtor 1 only	☐ An agreement you made (such as mortgage or se	cured		
☐ Debtor 2 only	car loan)			
■ Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
☐ At least one of the debtors and another	☐ Judgment lien from a lawsuit			
☐ Check if this claim relates to a community debt	Other (including a right to offset) Mortgage			
7/27/22 Last Active Date debt was incurred 06/25	Last 4 digits of account number 6391			
2.5 Synchrony Bank	Describe the property that secures the claim:	\$17,086.00	\$12,784.00	\$4,302.00
2.5 Synchrony Bank Creditor's Name	Describe the property that secures the claim: 2024 CanAm Defender XT9	\$17,086.00	\$12,784.00	\$4,302.00
Creditor's Name		\$17,086.00	\$12,784.00	\$4,302.00
Creditor's Name Attn: Bankruptcy		\$17,086.00	\$12,784.00	\$4,302.00
Creditor's Name Attn: Bankruptcy Po Box 965060	2024 CanAm Defender XT9 As of the date you file, the claim is: Check all that apply.	\$17,086.00	\$12,784.00	\$4,302.00
Attn: Bankruptcy Po Box 965060 Orlando, FL 32896	As of the date you file, the claim is: Check all that apply.	\$17,086.00	\$12,784.00	\$4,302.00
Creditor's Name Attn: Bankruptcy Po Box 965060	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated	\$17,086.00	\$12,784.00	\$4,302.00
Attn: Bankruptcy Po Box 965060 Orlando, FL 32896	As of the date you file, the claim is: Check all that apply.	\$17,086.00	\$12,784.00	\$4,302.00
Creditor's Name Attn: Bankruptcy Po Box 965060 Orlando, FL 32896 Number, Street, City, State & Zip Code	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or see		\$12,784.00	\$4,302.00
Creditor's Name Attn: Bankruptcy Po Box 965060 Orlando, FL 32896 Number, Street, City, State & Zip Code Who owes the debt? Check one.	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply.		\$12,784.00	\$4,302.00
Creditor's Name Attn: Bankruptcy Po Box 965060 Orlando, FL 32896 Number, Street, City, State & Zip Code Who owes the debt? Check one. Debtor 1 only	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or see		\$12,784.00	\$4,302.00
Creditor's Name Attn: Bankruptcy Po Box 965060 Orlando, FL 32896 Number, Street, City, State & Zip Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secar loan)		\$12,784.00	\$4,302.00
Creditor's Name Attn: Bankruptcy Po Box 965060 Orlando, FL 32896 Number, Street, City, State & Zip Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secar loan) Statutory lien (such as tax lien, mechanic's lien)		\$12,784.00	\$4,302.00
Creditor's Name Attn: Bankruptcy Po Box 965060 Orlando, FL 32896 Number, Street, City, State & Zip Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a	As of the date you file, the claim is: Check all that apply. ☐ Contingent ☐ Unliquidated ☐ Disputed Nature of lien. Check all that apply. ☐ An agreement you made (such as mortgage or secar loan) ☐ Statutory lien (such as tax lien, mechanic's lien) ☐ Judgment lien from a lawsuit		\$12,784.00	\$4,302.00

Debtor 1 Clifton Jer	rry Holifield, I	l Ca	ase number (if known)		
First Name	Middle N	lame Last Name			
Debtor 2 Kayla Eub	anks Holifield	<u>1</u>			
First Name	Middle N	lame Last Name			
2.6 Tower Loan		Describe the property that secures the claim:	\$5,199.00	\$200.00	\$4,999.00
Creditor's Name		Household Goods			. ,
Attn: Bankrup	tcy	A soft a late of Classical Control of Contro			
Po Box 320001		As of the date you file, the claim is: Check all that apply.			
Flowood, MS 3	39232	☐ Contingent			
Number, Street, City, S	State & Zip Code	☐ Unliquidated			
		☐ Disputed			
Who owes the debt? C	heck one.	Nature of lien. Check all that apply.			
Debtor 1 only		☐ An agreement you made (such as mortgage or secu	red		
Debtor 2 only		car loan)			
Debtor 1 and Debtor 2	only	☐ Statutory lien (such as tax lien, mechanic's lien)			
At least one of the deb		☐ Judgment lien from a lawsuit			
☐ Check if this claim re		☐ Other (including a right to offset)			
community debt	iaics to a	— Other (moduling a right to onset)			
-					
	Opened				
	5/17/25				
	Last Active	Last 4 digits of account number 1227			
Date debt was incurred	05/25	Last 4 digits of account number 1227			
2.7 Toyota Financ	ial	Describe the property that secures the claim:	\$48,410.00	\$36,929.00	\$11,481.00
Creditor's Name		2024 Toyota Tacoma 11500 miles	<u> </u>	400,020.00	411,101100
		2024 Toyota Taboma TTobo miles			
Attn: Bankrup	tcy				
Po Box 259004	4	As of the date you file, the claim is: Check all that apply.			
Plano, TX 7502	25	Contingent			
Number, Street, City, S	State & Zip Code	☐ Unliquidated			
•	·	☐ Disputed			
Who owes the debt? C	heck one.	Nature of lien. Check all that apply.			
Debtor 1 only		☐ An agreement you made (such as mortgage or secu	red		
Debtor 2 only		car loan)			
Debtor 1 and Debtor 2	l anh	☐ Statutory lien (such as tax lien, mechanic's lien)			
At least one of the deb	•	☐ Judgment lien from a lawsuit			
☐ Check if this claim re		☐ Other (including a right to offset)			
community debt	elates to a	Other (including a right to offset)			
	Opened				
	05/24 Last				
	Active				
Date debt was incurred	Active 5/03/25	Last 4 digits of account number 0001			
Date debt was incurred		Last 4 digits of account number 0001			
Date debt was incurred		Last 4 digits of account number 0001			
Add the dollar value of	5/03/25	Last 4 digits of account number 0001 Column A on this page. Write that number here: the dollar value totals from all pages.	\$202,645.00		

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Fill	l in this inform	nation to identify your ca	ise:					
	btor 1	Clifton Jerry Holifie						
		First Name	Middle Nar	me	Last Name			
1	btor 2	Kayla Eubanks Hol	ifield					
(Spo	ouse if, filing)	First Name	Middle Nar	ne	Last Name			
Un	ited States Bar	kruptcy Court for the:	SOUTHERN	DISTRICT OF	MISSISSIPPI			
Ca	se number							
(if kı	nown)						☐ Check	if this is an
							amend	ded filing
Of∙	ficial Form	106F/F						
		/F: Creditors Wh	no Have I	Insecure	d Claims			12/15
		accurate as possible. Use				t 2 for creditors with NO	NPRIORITY claims I	
School School left. nam	edule G: Execut edule D: Credito Attach the Cont le and case num	racts or unexpired leases the ory Contracts and Unexpire ors Who Have Claims Secure inuation Page to this page. wher (if known).	ed Leases (Off red by Property If you have no	icial Form 106G y. If more space o information to	i). Do not include any is needed, copy the	/ creditors with partially Part you need, fill it out,	secured claims that number the entries	are listed in in the boxes on the
		rs have priority unsecured						
	□ No. Go to Pa	• •	Ū	•				
	Yes.							
2.	identify what typ possible, list the	priority unsecured claims. e of claim it is. If a claim has claims in alphabetical order han one creditor holds a parti	both priority and according to the	d nonpriority amo	ounts, list that claim he e. If you have more tha	ere and show both priority	and nonpriority amour	nts. As much as
	(For an explana	tion of each type of claim, see	e the instruction	s for this form in	the instruction bookle	t.) Total claim	Priority	Nonpriority
2.1	Internal	Revenue Servi	Las	st 4 digits of acc	count number	\$5,000.00	amount \$5,000.00	amount \$0.00
	•	ditor's Name						
	P.O. Box	zed Insolvency x 7346 phia, PA 19101-7346	Wh	en was the deb	incurred?		_	
		reet City State Zip Code	As	of the date you	file, the claim is: Che	eck all that apply		
		the debt? Check one.		Contingent				
	Debtor 1 or	nly		Unliquidated				
	Debtor 2 or	nly		Disputed				
	Debtor 1 ar	nd Debtor 2 only	Тур	e of PRIORITY	unsecured claim:			
	_	e of the debtors and another		Domestic suppor	rt obligations			
	☐ Check if th	nis claim is for a communit	v debt	Taxes and certai	in other debts you owe	e the government		
		ubject to offset?	_		•	le you were intoxicated		
	■ No	•		Other. Specify		•		
	☐ Yes		_		Internal Revenu	e Service		-
Pa	rt 2: List All	of Your NONPRIORITY	Unsecured (Claime				
		rs have nonpriority unsecu						
٥.		e nothing to report in this par	ŭ	•	with your other schodul	los		
		c notining to report in this par	Gubiliit tilis 10	and to the coult w	nar your outer scriedul			
	Yes.							
4.	unsecured claim	nonpriority unsecured clain, list the creditor separately for holds a particular claim, list	or each claim. F	For each claim lis	sted, identify what type	of claim it is. Do not list c	aims already included	I in Part 1. If more

Official Form 106 E/F

Total claim

	tor 1 Clifton Jerry Holifield, II tor 2 Kayla Eubanks Holifield Case number (if known)					
4.1	Animal Medical Center	Last 4 digits of account number		\$1,638.00		
	Nonpriority Creditor's Name 3422 Hardy St Hattiesburg, MS 39402	When was the debt incurred?				
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply			
	Who incurred the debt? Check one.					
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	■ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	ed claim:			
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	☐ Obligations arising out of a sepreport as priority claims	aration agreement or divorce that you did not			
	■ No	Debts to pension or profit-shari	ng plans, and other similar debts			
	☐ Yes	<u>_</u>				
	les les	Other. Specify				
4.2	Capital One Nonpriority Creditor's Name	Last 4 digits of account number	9881	\$3,839.00		
	Attn: Bankruptcy		Opened 06/22 Last Active			
	P.O. Box 30285	When was the debt incurred?	5/08/25			
	Salt Lake City, UT 84130	_				
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply				
	Who incurred the debt? Check one.	_				
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	ed claim:			
	☐ Check if this claim is for a community	☐ Check if this claim is for a community ☐ Student loans				
	debt	Obligations arising out of a sep				
	Is the claim subject to offset?	report as priority claims				
	No	Debts to pension or profit-shari				
	Yes	■ Other. Specify Credit Care	d			
4.3	Capital One	Last 4 digits of account number	5219	\$393.00		
	Nonpriority Creditor's Name Attn: Bankruptcy P.O. Box 30285	When was the debt incurred?	Opened 09/22 Last Active 5/19/25			
	Salt Lake City, UT 84130	Tillion was the dest meaned.	0/10/20			
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply			
	Who incurred the debt? Check one.					
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	Debtor 1 and Debtor 2 only					
	☐ At least one of the debtors and another	and Debtor 2 only				
	☐ Check if this claim is for a community	☐ Student loans				
	debt		aration agreement or divorce that you did not			
	Is the claim subject to offset?	report as priority claims				
	■ No	Debts to pension or profit-shari	ng plans, and other similar debts			
	□Yes	■ Other. Specify Credit Care	d			

	r 1 Clifton Jerry Holifield, II r 2 Kayla Eubanks Holifield		Case number (if known)				
4.4	Capital One	Last 4 digits of account number	7088	\$304.00			
	Nonpriority Creditor's Name Attn: Bankruptcy P.O. Box 30285 Salt Lake City, UT 84130 Number Street City State Zip Code Who incurred the debt? Check one.	When was the debt incurred? As of the date you file, the claim i	Opened 07/21 Last Active 06/25 s: Check all that apply				
	Debtor 1 only	☐ Contingent					
	■ Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not				
	No	Debts to pension or profit-sharin	g plans, and other similar debts				
	Yes	Other. Specify Credit Card	<u> </u>				
4.5	Citibank Nonpriority Creditor's Name	Last 4 digits of account number	5841	\$107.00			
	P.O.Box 790046 St. Louis, MO 63179	When was the debt incurred?	Opened 04/24 Last Active 5/19/25				
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply				
	■ Debtor 1 only	☐ Contingent					
	Debtor 2 only						
	☐ Debtor 1 and Debtor 2 only	□ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims					
	No	Debts to pension or profit-sharin					
	Yes	Other. Specify Credit Card	<u> </u>				
4.6	Comenity Nonpriority Creditor's Name	Last 4 digits of account number	8228	\$376.00			
	Attn: Bankruptcy Po Box 182125	When was the debt incurred?	Opened 06/23 Last Active 06/25				
	Columbus, OH 43218 Number Street City State Zip Code	As of the date you file, the claim i	s. Chack all that apply				
	Who incurred the debt? Check one.	As of the date you me, the claim i	3. Offect all that apply				
	☐ Debtor 1 only	☐ Contingent					
	Debtor 2 only	L Contingent					
	Debtor 1 and Debtor 2 only						
	At least one of the debtors and another						
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims					
	■ No	g plans, and other similar debts					
	☐ Yes	■ Other. Specify Charge Acc					
	— ·-•	- Other Specify					

Debtor Debtor	1 Clifton Jerry Holifield, II 2 Kayla Eubanks Holifield		Case number (if known)	
4.7	Comenity Nonpriority Creditor's Name	Last 4 digits of account number	9865	\$211.00
	Attn: Bankruptcy Po Box 182125 Columbus, OH 43218	When was the debt incurred?	Opened 04/22 Last Active 5/01/25	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	☐ Debtor 1 only ☐ Debtor 2 only	☐ Contingent☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community	☐ Disputed Type of NONPRIORITY unsecured ☐ Student loans		
	debt Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not	
	■ No □ Yes	☐ Debts to pension or profit-sharin ☐ Other. Specify Charge Acc		
		Culot. Opoony		
4.8	Credit One Bank Nonpriority Creditor's Name	Last 4 digits of account number	4569	\$2,066.00
	6801 Cimarron Rd Las Vegas, NV 89113	When was the debt incurred?	Opened 03/22 Last Active 5/09/25	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim		
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	I claim:	
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing		
	Yes	Other. Specify Credit Card	<u> </u>	
4.9	Credit One Bank Nonpriority Creditor's Name	Last 4 digits of account number	3643	\$1,165.00
	6801 Cimarron Rd Las Vegas, NV 89113	When was the debt incurred?	Opened 09/21 Last Active 06/25	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	☐ Debtor 1 only	☐ Contingent		
	■ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Credit Card	<u> </u>	

	1 Clifton Jerry Holifield, II 2 Kayla Eubanks Holifield		Case number (if known)	
1	Credit One Bank	Last 4 digits of account number	6288	\$744.00
	Nonpriority Creditor's Name 6801 Cimarron Rd Las Vegas, NV 89113	When was the debt incurred?	Opened 12/22 Last Active 06/25	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	☐ Debtor 1 only	☐ Contingent		
	■ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	■ Other. Specify Credit Card	<u> </u>	
	Discover Financial	Last 4 digits of account number	0080	\$2,834.00
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 3025	When was the debt incurred?	Opened 09/23 Last Active 5/09/25	
	New Albany, OH 43054 Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.	,	C. C	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	☐ Yes	Other. Specify Credit Card	<u> </u>	
	Forrest General Nonpriority Creditor's Name	Last 4 digits of account number	8386	\$1,111.00
	PO Box 16389 Hattiesburg, MS 39404	When was the debt incurred?	Opened 01/25 Last Active 03/24	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	Student loans		
	debt		ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims Debts to pension or profit-sharin	a plans, and other similar debte	
	■ No	_	y pians, and other similal debts	
	☐ Yes	Other, Specify		

	r 1 Clifton Jerry Holifield, II r 2 Kayla Eubanks Holifield		Case number (if known)	
4.1	Jpmcb	Last 4 digits of account number	9496	\$2,118.00
	Nonpriority Creditor's Name MailCode LA4-7100 700 Kansas Lane Monroe, LA 71203	When was the debt incurred?	Opened 06/23 Last Active 06/25	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	☐ Debtor 1 only ■ Debtor 2 only	☐ Contingent ☐ Unliquidated		
		_ '		
	Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured	1 claim:	
	☐ At least one of the debtors and another	Student loans	a Claiiii.	
	☐ Check if this claim is for a community debt Is the claim subject to offset?		ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
	□Yes	Other. Specify Credit Card	<u> </u>	
4.1	Smith Rouchon	Last 4 digits of account number	8386	\$1,111.00
	Nonpriority Creditor's Name Sra 1456 Ellis Ave	When was the debt incurred?	Opened 1/24/25	
	Jackson, MS 39204	_		
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	☐ Yes	Other. Specify Medical		
4.1 5	Synchrony Bank Nonpriority Creditor's Name	Last 4 digits of account number	9243	\$1,876.00
	Attn: Bankruptcy Po Box 965060 Orlando, FL 32896	When was the debt incurred?	Opened 03/24 Last Active 06/25	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a sena	ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	and the state of t	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	☐ Yes	■ Other. Specify Charge Acc	count	

	r 1 Clifton Jerry Holifield, II r 2 Kayla Eubanks Holifield		Case number (if known)	
4.1 6	Synchrony Bank	Last 4 digits of account number	3980	\$1,687.00
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 965060 Orlando, FL 32896	When was the debt incurred?	Opened 11/23 Last Active 05/25	-
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	☐ Debtor 1 only	☐ Contingent		
	■ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	ed claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a sep report as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-shari	ng plans, and other similar debts	
	Yes	Other. Specify Charge Ac	count	-
4.1	Synchrony Bank	Last 4 digits of account number	8965	\$445.00
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 965060 Orlando, FL 32896	When was the debt incurred?	Opened 06/22 Last Active 5/04/25	-
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	ed claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a sep report as priority claims	aration agreement or divorce that you did not	
	No	Debts to pension or profit-shari	ng plans, and other similar debts	
	Yes	Other. Specify Charge Ac	count	-
Part 3		•		
is try have	his page only if you have others to be notified ing to collect from you for a debt you owe to s more than one creditor for any of the debts the ied for any debts in Parts 1 or 2, do not fill out	omeone else, list the original creditor i at you listed in Parts 1 or 2, list the add	n Parts 1 or 2, then list the collection agenc	y here. Similarly, if you
	and Address	On which entry in Part 1 or Part 2 did you	_	
	nal Revenue Servi S Attorney		Part 1: Creditors with Priority Unsecured Cla	
	ast Court St		Part 2: Creditors with Nonpriority Unsecured	Claims
Ste 4				
Jacks	son, MS 39201	Last 4 digits of account number		
Name a	and Address	On which entry in Part 1 or Part 2 did yo	u list the original creditor?	
	ttorney General	64	Part 1: Creditors with Priority Unsecured Cla	ims
	ept of Justice	[\square Part 2: Creditors with Nonpriority Unsecured	Claims
	ennsylvania AveNW nington, DC 20530-0001			
		Last 4 digits of account number		

Part 4: Add the Amounts for Each Type of Unsecured Claim

^{6.} Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

Debtor 1 Clifton Jerry Holifield, II

May Lebtor 2 Kayla Eubanks Holifield

Case number (if known)

				-	Γotal Claim
	6a.	Domestic support obligations	6a.	\$	0.00
Total claims					
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$	5,000.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	5,000.00
				-	Total Claim
Total	6f.	Student loans	6f.	\$	0.00
claims from Part 2	6g.	Obligations arising out of a separation agreement or divorce that			0.00
	-	you did not report as priority claims	6g.	\$	0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	22,025.00
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	22,025.00

Fill in this inform	nation to identify your	case:			
Debtor 1	Clifton Jerry Holi	field, II			
	First Name	Middle Name	Last Name		
Debtor 2	Kayla Eubanks H	olifield			
(Spouse if, filing)	First Name	Middle Name	Last Name	,	
United States Bar	nkruptcy Court for the:	SOUTHERN DISTRICT	OF MISSISSIPPI		
Case number					☐ Check if this is an
					amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code	State what the contract or lease is for
2.1 Progressive Leasing 256 W Data Dr Draper, UT 84020	2 ipads

25-51074 Dkt 4 Filed 07/25/25 Entered 07/25/25 16:37:08 Page 25 of 49

Fill in this	information to identify your	case:			
Debtor 1	Clifton Jerry Holi	field, II			
	First Name	Middle Name	Last Name	_	
Debtor 2	Kayla Eubanks H				
(Spouse if, filing	ng) First Name	Middle Name	Last Name		
United Sta	ites Bankruptcy Court for the:	SOUTHERN DISTRICT	OF MISSISSIPPI		
Case num (if known)	ber				☐ Check if this is an amended filing
	l Form 106H Iule H: Your Cod	ebtors			12/15
people are fill it out, a your name	filing together, both are equ	ally responsible for sup boxes on the left. Attack Answer every question	olying correct informat n the Additional Page t ı.	ion. If more space is no this page. On the to	ate as possible. If two married needed, copy the Additional Page, p of any Additional Pages, write
_	(,			
■ No □ Yes					
⊔ Yes	5				
	hin the last 8 years, have you na, California, Idaho, Louisiana				
■ No	Go to line 3.				
`	s. Did your spouse, former spo	use, or legal equivalent liv	e with you at the time?		
in line	e 2 again as a codebtor only i	f that person is a guarar	ntor or cosigner. Make	sure you have listed th	g with you. List the person shown he creditor on Schedule D (Official Schedule E/F, or Schedule G to fill
	olumn 2.	•	•	,	
	Column 1: Your codebtor Name, Number, Street, City, State and Z	IP Code		Column 2: The cre Check all schedule	editor to whom you owe the debt es that apply:
3.1				☐ Schedule D, lin	۵
	Name			□ Schedule E/F, I	
				☐ Schedule G, lin	
-	Number Street			_	
	City	State	ZIP Code		
3.2				☐ Schedule D, lin	Δ
	Name			☐ Schedule E/F, I	
				☐ Schedule G, lin	
-	Number Street			_	
	City	State	ZIP Code		

Official Form 106H Schedule H: Your Codebtors Page 1 of 1

Fill in this information t	to identify your case:	
Debtor 1	Clifton Jerry Holifield, II	
Debtor 2 (Spouse, if filing)	Kayla Eubanks Holifield	
United States Bankrup	otcy Court for the: SOUTHERN DISTRICT OF MISSISSIPPI	
Case number (If known)		Check if this is: ☐ An amended filing ☐ A supplement showing postpetition chapter
Official Form	1061	13 income as of the following date: MM / DD/ YYYY

Schedule I: Your Income

12/15

0.00

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pai	Describe Employment			
1.	Fill in your employment information.		Debtor 1	Debtor 2 or non-filing spouse
	If you have more than one job,	Empleyment status	■ Employed	■ Employed
	attach a separate page with information about additional	Employment status	☐ Not employed	☐ Not employed
	employers.	Occupation	Maintenance	Office Manager
	Include part-time, seasonal, or self-employed work.	Employer's name	Perry County School District	New Augusta Dental
	Occupation may include student or homemaker, if it applies.	Employer's address	100 B 8th Ave New Augusta, MS 39462	205 Main St New Augusta, MS 39462
		How long employed the	nere? 3 Years	5.5 Years

Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1 For Debtor 2 or non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 2.910.00 2,689.42 deductions). If not paid monthly, calculate what the monthly wage would be. Estimate and list monthly overtime pay. 3. +\$ 0.00 Calculate gross Income. Add line 2 + line 3. 2,910.00 2,689.42

Schedule I: Your Income Official Form 106I page 1

Deb	tor 1 tor 2	Clifton Jerry Holifield, II Kayla Eubanks Holifield		(Case	number (if k	now	7)					
	0	ve Para Albarra	4			Debtor 1			non-	Debtor -filing s	ро	use	
	Cop	by line 4 here	4.		\$_	2,91	0.0	U	\$	2,	68	9.42	
5.	List	all payroll deductions:											
	5a.	Tax, Medicare, and Social Security deductions	5a.		\$	29	1.0	0	\$		40	3.41	
	5b.	Mandatory contributions for retirement plans	5b.		\$_	26			\$			0.00	
	5c.	Voluntary contributions for retirement plans	5c.		\$_		0.0		\$			0.00	
	5d. 5e.	Required repayments of retirement fund loans Insurance	5d. 5e.		\$_ \$		0.0		\$ \$			0.00	
	5e. 5f.	Domestic support obligations	5e. 5f.		» \$		0.0 0.0	_	Φ			0.00	
	5g.	Union dues	5g.		\$ -		0.0	_	\$			0.00	
	5h.	Other deductions. Specify: Life	5h.		\$_			<u>ŏ</u> +				0.00	
		NS-M02	_		\$_		4.2	_	\$			0.00	
6.	Add	I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$	64	7.1	4	\$		40	3.41	
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$	2,26	2.8	6	\$	2,	28	6.01	
8.		all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.		\$,	0.0		\$,		0.00	
	8b.	Interest and dividends	8b.		\$ -		0.0	_	\$			0.00	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.		\$		0.0	_	\$			0.00	
	8d.	Unemployment compensation	8d.		\$ -		0.0		\$-			0.00	
	8e.	Social Security	8e.		\$		0.0	_	\$			0.00	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.		\$_	(0.0	0	\$			0.00	
	8g.	Pension or retirement income	8g.		\$_		0.0	_	\$			0.00	
	8h.	Other monthly income. Specify:	8h.	.+	\$_		0.0	0 +	- \$		(0.00	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	;	\$	ı	0.0	D	\$		_	0.00	
10.	Calo	culate monthly income. Add line 7 + line 9.	10.	\$		2,262.86]_[\$	2.2	286.01	_	\$	4,548.87
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		Ť –		_,		Ť —	,_			· —	1,0 10.01
11.	Inclu othe Do r	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not a cify:	depe			•				Schedule 11.		ß	0.00
12.		If the amount in the last column of line 10 to the amount in line 11. The rest that amount on the Summary of Schedules and Statistical Summary of Certain lies								12.		mbin	
13.	Do y	you expect an increase or decrease within the year after you file this form? No.	?									y	income
		Yes. Explain:											

Fill	in this informa	ition to identify yo	our case:			I					
Deb	tor 1	Clifton Jerry	Holifield	l. II		Check if this is:					
						_	An amended filing				
	otor 2 ouse, if filing)	Kayla Euban	ks Holifi	eld			A supplement show 3 expenses as of	ving postpetition chapter the following date:			
						_					
Unit	ed States Bankr	ruptcy Court for the:	SOUTH	IERN DISTRICT OF MI	SSISSIPPI	ļ Ņ	MM / DD / YYYY				
1	e number nown)										
(II KI	nown)										
\bigcirc	fficial Fo	rm 106J									
		J: Your I	Exner	1SAS				12/15			
Be	as complete a	and accurate as	possible. eded, atta	If two married people ch another sheet to the				r supplying correct			
Par		ribe Your House	hold								
1.	Is this a joir ☐ No. Go to										
	_	s Debtor 2 live i	n a senar	ate household?							
	= 100. 200		a copa.								
		-	st file Offici	al Form 106J-2, <i>Expen</i>	ses for Separate House	ehold of Debto	or 2.				
2.		e dependents?	□ No	,	,						
	Do not list D Debtor 2.	-	Yes.	Fill out this information for each dependent	•		Dependent's age	Does dependent live with you?			
	Do not state	the						□ No			
	dependents				Son		6	■ Yes			
					_		_	□ No			
					Son		9	Yes			
								□ No □ Yes			
								□ res □ No			
								□ Yes			
3.	expenses o	penses include f people other tl d your depende	han nts? □	No Yes							
Est exp	imate your ex enses as of a		our bankr	uptcy filing date unles				pter 13 case to report f the form and fill in the			
app	olicable date.										
				government assistand cluded it on <i>Schedule</i>							
	ficial Form 10		u	naada k dii ddiidaala	rour moomo		Your expe	enses			
4.		or home owners		ses for your residenc	e. Include first mortgag	e 4. \$		0.00			
		led in line 4:	-								
	4a. Real e	estate taxes				4a. \$		0.00			
		estate taxes erty, homeowner's	s, or renter	's insurance		4a. \$ 4b. \$		0.00 0.00			
	•	•		ıpkeep expenses		4c. \$		53.00			
		owner's associat				4d. \$		0.00			
5.	Additional r	mortgage payme	ents for yo	our residence, such as	home equity loans	5. \$		0.00			

Debtor 1 Debtor 2			erry Holifield, II ıbanks Holifield	Case num	Case number (if known)				
6.	Utiliti	es:							
	6a.	Electricity,	heat, natural gas	6a.	\$	269.00			
	6b.	Water, sev	ver, garbage collection	6b.	\$	95.00			
	6c.	Telephone	e, cell phone, Internet, satellite, and cable services	6c.	\$	145.00			
	6d.	Other. Spe	ecify:	6d.	\$	0.00			
7.	Food	and house	ekeeping supplies	7.	\$	819.00			
8.	Child	care and c	hildren's education costs	8.	\$	150.00			
9.	Cloth	ing, laundi	ry, and dry cleaning	9.	\$	87.00			
10.	Perso	onal care p	roducts and services	10.	\$	50.00			
11.	Medic	cal and der	ntal expenses	11.	\$	0.00			
12.	Trans	sportation.	Include gas, maintenance, bus or train fare.			200.00			
			ar payments.	12.	· -	200.00			
			clubs, recreation, newspapers, magazines, and books	13.	· <u> </u>	0.00			
14.	Chari	itable conti	ributions and religious donations	14.	\$	0.00			
15.	. Insurance.								
		ו include וח Life insura	surance deducted from your pay or included in lines 4 or 20.	15a.	¢	E 00			
		Health insu		15a. 15b.	·	5.00			
		Vehicle ins		15b. 15c.	·	0.00			
					·	262.00			
16			rance. Specify:	15d.	Φ	0.00			
	Speci	ify:	clude taxes deducted from your pay or included in lines 4 or 20.	16.	\$	0.00			
17.			ease payments:	170	¢	0.00			
			ents for Vehicle 1	17a.	·	0.00			
			ents for Vehicle 2	17b.	·	0.00			
		Other. Spe	-	17c.	·	0.00			
40		Other. Spe		17d.	\$	0.00			
18.			of alimony, maintenance, and support that you did not repor your pay on line 5, Schedule I, Your Income (Official Form 10		\$	0.00			
19.			s you make to support others who do not live with you.	01).	\$	0.00			
	Speci		,,,,,,,,,	19.	·				
20.		,	erty expenses not included in lines 4 or 5 of this form or on S	Schedule I: Yo	our Income.				
			s on other property	20a.		0.00			
	20b.	Real estate	e taxes	20b.	\$	0.00			
	20c.	Property, h	nomeowner's, or renter's insurance	20c.	\$	0.00			
	20d.	Maintenan	ice, repair, and upkeep expenses	20d.	\$	0.00			
	20e.	Homeowne	er's association or condominium dues	20e.	\$	0.00			
21.	Other	r: Specify:	Pet Care	21.	+\$	50.00			
22.		-	monthly expenses						
			through 21.		\$	2,185.00			
	22b. (Copy line 22	2 (monthly expenses for Debtor 2), if any, from Official Form 106J	J-2	\$				
	22c. A	Add line 22a	a and 22b. The result is your monthly expenses.		\$	2,185.00			
23.		-	monthly net income.						
			12 (your combined monthly income) from Schedule I.	23a.		4,548.87			
	23b.	Copy your	monthly expenses from line 22c above.	23b.	-\$	2,185.00			
	23c.		our monthly expenses from your monthly income. is your <i>monthly net income</i> .	23c.	\$	2,363.87			
24.	For ex	ample, do yo cation to the	an increase or decrease in your expenses within the year after but expect to finish paying for your car loan within the year or do you expect terms of your mortgage?			e or decrease because of a			
	☐ Ye	es.	Explain here:						
			· ·						

Fill in this inform	nation to identify your	case:			
Debtor 1	Clifton Jerry Holi	field II			
200101	First Name	Middle Name	Las	t Name	
Debtor 2	Kayla Eubanks H	olifield			
(Spouse if, filing)	First Name	Middle Name	Las	t Name	
United States Ban	kruptcy Court for the:	SOUTHERN DISTRICT	OF MISSIS	SIPPI	
Case number					☐ Check if this is an amended filing
Official Form Declarati		ın Individual	Debte	or's Schedules	12/15
You must file this obtaining money	form whenever you fi	le bankruptcy schedules	s or amende	upplying correct information. d schedules. Making a false state e can result in fines up to \$250,00	
	Below	010, and 0011.			
Did you pay	or agree to pay some	one who is NOT an attor	rney to help	you fill out bankruptcy forms?	
■ No					
☐ Yes. Na	ame of person				kruptcy Petition Preparer's Notice, ,, and Signature (Official Form 119)
	y of perjury, I declare true and correct.	that I have read the sum	ımary and s	chedules filed with this declaration	on and
X /s/ Clifte	on Jerry Holifield, II		x	/s/ Kayla Eubanks Holifield	
Clifton .	Jerry Holifield, II of Debtor 1		^	Kayla Eubanks Holifield Signature of Debtor 2	

Date July 25, 2025

Date July 25, 2025

Fill in	this inforn	nation to identify you	r case:						
Debto	or 1	Clifton Jerry Hol	lifield, II						
	_	First Name	Middle Name	Last Name					
Debto (Spous	or 2 e if, filing)	Kayla Eubanks I	Holifield Middle Name	Last Name					
Unite	d States Ba	nkruptcy Court for the:	SOUTHERN DISTRICT O	OF MISSISSIPPI					
Casa	number								
(if know	_					heck if this is an mended filing			
Offi	cial Fo	rm 107							
			Affairs for Individ	luals Filing for B	ankruptcy	04/25			
inform	nation. If m	ore space is needed,	attach a separate sheet to		equally responsible for sup additional pages, write you				
numb	er (if knowi	n). Answer every ques	stion.						
Part 1	Give D	Details About Your Ma	rital Status and Where You	Lived Before					
1. V	Vhat is you	r current marital statu	ıs?						
	■ Married □ Not mar	ried							
2. D	uring the la	ast 3 years, have you	lived anywhere other than	where you live now?					
	■ No								
	Yes. List all of the places you lived in the last 3 years. Do not include where you live now.								
I	Debtor 1:		Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there			
					ity property state or territory co, Texas, Washington and W				
- -	_	oo molaac / mzona, oa	mornia, idano, Eddiciana, No	vada, New Mexico, Facility	oo, roxao, washington and w	ioonom.,			
-	■ No T Yes Ma	ake sure vou fill out <i>Scl</i>	nedule H: Your Codebtors (Ot	ficial Form 106H)					
		·	,	noidi i omi roomj.					
Part 2	Explai	n the Sources of You	r Income						
F	ill in the tota	al amount of income yo	nployment or from operatin u received from all jobs and a have income that you receive	all businesses, including part-		ndar years?			
Г] No								
Ī	-	in the details.							
			Debtor 1		Debtor 2				
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)			
		of current year until d for bankruptcy:	■ Wages, commissions, bonuses, tips	\$31,090.00	■ Wages, commissions, bonuses, tips	\$16,136.00			
			☐ Operating a business		☐ Operating a business				

Official Form 107

		ifton Jerry H ayla Eubanks		Case number (if known)				
				Dahtan 4		Dahtan 0		
				Debtor 1 Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of in Check all that		Gross income (before deductions and exclusions)
For last calendar year: (January 1 to December 31, 2024)		2027	■ Wages, commissions, bonuses, tips	\$57,111.0	Wages, con bonuses, tips	\$30,236.00		
				Operating a business		☐ Operating a	a business	
	For the calendar year before that: (January 1 to December 31, 2023)		2023 /	■ Wages, commissions, onuses, tips \$36,638.00 Wages, commission bonuses, tips			mmissions,	\$38,107.00
				Operating a business		☐ Operating a	a business	
	List each	, ,	gross incom	and you have income that you from each source separa	,	,		
			I	Debtor 1		Debtor 2		
				Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of in Describe below		Gross income (before deductions and exclusions)
Pa	rt 3: Lis	t Certain Paym	nents You M	ade Before You Filed for	Bankruptcy			
6.	Are either	Neither Debt	or 1 nor De	debts primarily consume btor 2 has primarily consu ersonal, family, or househo	ı <mark>mer debts.</mark> Consumer de	ebts are defined in 1	1 U.S.C. § 10	1(8) as "incurred by an
		□ No. G □ Yes L	So to line 7. ist below ea aid that cred	e you filed for bankruptcy, di ch creditor to whom you pai litor. Do not include paymen ayments to an attorney for the	d a total of \$8,575* or mo	re in one or more pa	nyments and the	
				on 4/01/28 and every 3 year		on or after the date	of adjustment	
	Yes.			both have primarily consumous you filed for bankruptcy, di		otal of \$600 or more	9?	
		■ Yes L	nclude paym	ch creditor to whom you pai ents for domestic support o nis bankruptcy case.				
	Creditor	's Name and A	ddress	Dates of payme	nt Total amount paid	Amount you still owe	Was this p	payment for
	Only re	gular installn	nent paym	ents.	\$0.00	\$0.00	☐ Mortga, ☐ Car ☐ Credit (☐ Loan R ☐ Supplie ☐ Other_	Card

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	btor 2 Kayla Eubanks Holifield			Cas	se number (if known)					
7.	Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.										
	NoYes. List all payments to an insider.										
	Insider's Name and Address	Da	tes of payment	Total amount paid	Amount still	you owe	Reason for t	this payment			
8.	Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider.										
	■ No										
	Yes. List all payments to an insider				manustruari Dagaan fan thia na		0.1				
	Insider's Name and Address	Da	tes of payment	Total amount paid	Amount still	owe	Include credi	this payment tor's name			
Par	rt 4: Identify Legal Actions, Repossessio	ns, ar	nd Foreclosures								
9.	Within 1 year before you filed for bankrupt List all such matters, including personal injury modifications, and contract disputes. No Yes. Fill in the details.										
	Case title Case number	ture of the case	Court or agency			Status of the case					
10.	Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below.										
	Creditor Name and Address	De	scribe the Property	scribe the Property				Value of the			
		Ex	plain what happened	d				property			
11.	Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? No Yes. Fill in the details.										
	Creditor Name and Address	Describe the action the creditor took					Date action was Amount taken				
12.	Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?										
	■ No										
	☐ Yes										
Par	rt 5: List Certain Gifts and Contributions										
13.	Within 2 years before you filed for bankrup No	otcy, o	did you give any gift	s with a total value	of more th	an \$600	per person?				
	Yes. Fill in the details for each gift.		December the mile	Pete			ites you gave Value				
	Gifts with a total value of more than \$600 per person		Describe the gifts			the gif		Value			
	Person to Whom You Gave the Gift and Address:										

	otor 1 otor 2	Clifton Jerry Holifield, II Kayla Eubanks Holifield			ase number	(if known)					
14.		No		did you give any gifts or contribution	s with a tota	al value of more than	\$600 to any charity?				
	Gifts more Char	Yes. Fill in the details for each gift or s or contributions to charities that e than \$600 rity's Name ress (Number, Street, City, State and ZIP Coo	total	Describe what you contributed		Dates you contributed	Value				
Par	t 6:	List Certain Losses									
15.		Vithin 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?									
	_	No Yes. Fill in the details.									
		cribe the property you lost and the loss occurred	Includ	ribe any insurance coverage for the lo le the amount that insurance has paid. Li ance claims on line 33 of Schedule A/B: I	Date of your loss	Value of property lost					
Par	t 7:	List Certain Payments or Transfer	rs								
	consulted about seeking bankruptcy or prepare Include any attorneys, bankruptcy petition prepare □ No □ Yes. Fill in the details. Person Who Was Paid Address Email or website address				Date payment or transfer was made	Amount of payment					
	The P.O. Jack	on Who Made the Payment, if Not Rollins Law Firm, PLLC Box 13767 kson, MS 39236 ins@therollinsfirm.com	You	Filing fee, attorney fee, credit rand credit counseling	eport	6/13/2025	\$650.00				
17.	prom Do no	n 1 year before you filed for bankri ised to help you deal with your cre of include any payment or transfer that No Yes. Fill in the details.	ditors	lid you or anyone else acting on your or to make payments to your creditors sted on line 16.	behalf pay o	or transfer any prope	rty to anyone who				
	Pers Addı	on Who Was Paid ress		Description and value of any proper transferred	erty	Date payment or transfer was made	Amount of payment				
	Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. No										
		Yes. Fill in the details. on Who Received Transfer ress		Description and value of property transferred		any property or seceived or debts	Date transfer was made				
		on's relationship to you ımy Williams		2012 Toyota Camry \$3,375 \$12.			05/2024				

	tor 1 tor 2	Kayla Eubanks Holifield					Case nun	nber (if known)				
	beneficiary? (These are often called asset-protection devices.)											
	■ No □ Yes. Fill in the details.											
		ne of trust	ı	Description and	va	alue of the pro	perty trans	sferred		Date Transfer was		
Pari	8:	List of Certain Financial Accounts, In	strume	nts, Safe Depos	sit	Boxes, and S	torage Uni	ts		iudo		
	Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.											
	-	No Yes. Fill in the details.										
		ne of Financial Institution and ress (Number, Street, City, State and ZIP		4 digits of unt number		Type of account or instrument		Date account was closed, sold, moved, or transferred		Last balance before closing or transfer		
	Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?											
	■ No □ Yes. Fill in the details.											
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)			Who else had access to it? Address (Number, Street, City, State and ZIP Code)			Describe	the contents		Do you still have it?		
22.	Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?											
	_	No Yes. Fill in the details.										
		ne of Storage Facility ress (Number, Street, City, State and ZIP Code)	t	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)			Describe	the contents		Do you still have it?		
Par	9:	Identify Property You Hold or Contro	l for So	meone Else								
23.	Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.											
	_	No Yes. Fill in the details.										
		ner's Name ress (Number, Street, City, State and ZIP Code)	(Where is the pro Number, Street, City, Code)			Describe	the property		Value		
Par	10:	Give Details About Environmental Int	ormatio	on								
For t	he pu	rpose of Part 10, the following definit	ions ap	ply:								
	Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.											
		means any location, facility, or propert n, operate, or utilize it, including disp	-	-	e e	nvironmental	law, wheth	ner you now own, operate	e, o	r utilize it or used		
		rdous material means anything an envidous material, pollutant, contaminant			s a	s a hazardous	s waste, ha	azardous substance, toxi	C SI	ubstance,		

Official Form 107

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

	tor 1 Clifton Jerry Holifield, II tor 2 Kayla Eubanks Holifield		Case number (if known)								
24.	Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? No										
	Yes. Fill in the details.										
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice							
25.	Have you notified any governmental unit of any release of hazardous material?										
	■ No □ Yes. Fill in the details.										
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)									
26.	Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.										
	■ No □ Yes. Fill in the details.										
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case							
Par	11: Give Details About Your Business or C	connections to Any Business									
27.	thin 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?										
	☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time										
	☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)										
	☐ A partner in a partnership										
	☐ An officer, director, or managing executive of a corporation										
	☐ An owner of at least 5% of the voting or equity securities of a corporation										
	No. None of the above applies. Go to Part 12.										
	Yes. Check all that apply above and fill in the details below for each business.										
	Business Name Address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.								
	(Number, Street, City, State and ZIP Code)	Name of accountant or bookkeeper	Dates business existed								
28.	Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.										
	■ No										
	Yes. Fill in the details below.										
	Name Address (Number, Street, City, State and ZIP Code)	Date Issued									
	,,,,										

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Debtor 1 Debtor 2	Clifton Jerry Holifield, II Kayla Eubanks Holifield			Case number (if known)
Part 12:	Sign Below			
are true a with a bai		tement,	concealing property,	nd I declare under penalty of perjury that the answers or obtaining money or property by fraud in connection 0 years, or both.
/s/ Clifto	on Jerry Holifield, II	/s/ Kay	yla Eubanks Holifie	ld
	Jerry Holifield, II		Eubanks Holifield	
	e of Debtor 1	Signatu	ure of Debtor 2	
Date J	uly 25, 2025	DateJuly 25, 2025		
Did you a	ttach additional pages to Your Statement of Fin	ancial A	Affairs for Individuals	Filing for Bankruptcy (Official Form 107)?
■ No				
□Yes				
Did you p	ay or agree to pay someone who is not an attor	ney to h	elp you fill out bankru	uptcy forms?
■ No				
☐ Yes. Na	ame of Person Attach the Bankruptcy Petit	ion Prep	arer's Notice, Declarati	on, and Signature (Official Form 119).

Fill in this inform	Fill in this information to identify your case:				
Debtor 1	Clifton Jerry Holifiel	d, II			
Debtor 2 (Spouse, if filing)	Kayla Eubanks Holif	ield			
United States E	Bankruptcy Court for the:	Southern District of Mississippi			
Case number (if known)					

Check as directed in lines 17 and 21:					
According to the calculations required by this Statement:					
	1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).				
	Disposable income is determined under 11 U.S.C. § 1325(b)(3).				
	3. The commitment period is 3 years.				
	4. The commitment period is 5 years.				

☐ Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

10/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Average Monthly Income

- 1. What is your marital and filing status? Check one only.
 - □ Not married. Fill out Column A, lines 2-11.
 - Married. Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

				Colu Debt	mn A t or 1	Debt	mn B or 2 or filing spouse
 Your gross wages, salary, tips, bonuses, overtime, payroll deductions). 	, and c	ommissio	ons (before all	\$	2,910.00	\$	2,689.42
. Alimony and maintenance payments. Do not include Column B is filled in.	e paym	ents from	a spouse if	\$	0.00	\$	0.00
All amounts from any source which are regularly p of you or your dependents, including child suppor from an unmarried partner, members of your househol and roommates. Do not include payments from a spou you listed on line 3.	t. Includ	de regula: depende	contributions nts, parents,	\$	0.00	\$	0.00
. Net income from operating a business, profession, or farm	Debto	r 1					
Gross receipts (before all deductions)	\$	0.00					
Ordinary and necessary operating expenses	-\$	0.00					
Net monthly income from a business, profession, or fa	rm \$ _	0.00	Copy here ->	\$	0.00	\$	0.00
. Net income from rental and other real property	Debto	r 1					
Gross receipts (before all deductions)	\$_	0.00					
Ordinary and necessary operating expenses	- \$ _	0.00					
Net monthly income from rental or other real property	\$	0.00	Copy here ->	\$	0.00	\$	0.00

Unemployment compensation Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you \$ 0.00 For your spouse \$ 0.00 For your spouse \$ 0.00 Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you creaved any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title. Do not include any benefits received under the Social Security Act, payments received as a cittum of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below. **Source** Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. **Source** Calculate your total average monthly income from line 11. Calculate the maritial adjustment. Check one: **Determine How to Measure Your Deductions from Income** Copy your total average monthly income from line 11. Calculate the maritial adjustment. Check one: **Determine How to Measure Your Deductions from Income** Copy you are married and your spouse is filing with you. Fill in 0 below. **You are married and your spouse is not filing with you. Fill in O below. **You are married and your spouse is not filing wi		Clifton Jerry Holifield, II Kayla Eubanks Holifield			Case number	r (<i>if knowi</i>	n)		
Interest, dividends, and royalties Unemployment compensation Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you S 0.00 Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, amountly, or allowante paid by the or disability, or death of a member of the uniformed sentices. If you received any retired pay paid under chapter 61 of till 61 0, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of tills 10 other than chapter 61 of that tille. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act, payments of the uniformed services. If necessary, list other sources on a separate page and put the total below. S 0.00 Total amounts from separate pages, if any. Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. S 0.00 Calculate the marital adjustment. Check one: You are married and your spouse is filing with you. Fill in 0 below. You are married and your spouse is filing with you. Fill in 0 below. You are married and your spouse is filing with you. Fill in 0 below. You are married and your spouse is filing with you. Fill in 0 below. You are married and your spouse is filing with you. Fill in 0 below. You are married and your spouse is filing with you. Fill in 0 below. S 0.00 Copy heres> - Total were married and your spouse is filing with you. Fill in 0 below. S 0.00 Copy heres> - Total were married and your spouse is filing with you. Fill in 0 below.							Debtor 2	or	
Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you \$ 0.00 For your spouse \$ 0.00	Intovo	not dividondo and revelting			\$	0.00	•	-	
the Social Security Act. Instead, list it here: For you \$ 0.00 For your spouse \$ 0.00 Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combar-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of that title. United States Government in connection with a disability, combar-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of that title. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act, payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combar-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below. \$ 0.00 \$ 0.00 Total amounts from separate pages, if any. \$ 0.00 \$ 0.00 Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. \$ 2,910.00 \$ 0.00 Copy your total average monthly income from line 11. \$ 5,59 Total are married and your spouse is filing with you. Fill in 0 below. You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the		· ·			· 		- . 		
Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act, payments received as a victim of a war crime, a crime against humanity, or international or densetic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below. \$ 0.00 \$ 0.00 Total amounts from separate pages, if any. \$ 0.00 \$ 0.00 Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. \$ 2.910.00 \$ 0.00 Total average monthly income from line 11. \$ 5.59 Total average monthly income from line 11. \$ 5.59 Total average monthly income from line 11. \$ 5.59 Total average monthly income from line 11. \$ 5.59 Total average monthly income from line 11. \$ 5.59 Total average monthly income from line 11. \$ 5.59 Total average monthly income from line 11. Total average monthly income devoted to each purpose. If necessary, list additional adjustment does not apply,		ocial Security Act. Instead, list it here:		it under					
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Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a victim of a wax crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below. \$ 0.00 \$ 0.00 Total amounts from separate pages, if any. Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. 2 2,910.00 \$ 2,689.42 \$ 5,59 Total average monthly income from line 11. Calculate the marital adjustment. Check one: You are not married. Fill in 0 below. You are married and your spouse is filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 below. Total \$ 0.00 Copy heres>	benef not in United disabi pay padoes	it under the Social Security Act. Also, except a clude any compensation, pension, pay, annuit d States Government in connection with a disa ility, or death of a member of the uniformed se aid under chapter 61 of title 10, then include the not exceed the amount of retired pay to which	as stated in the next senter ty, or allowance paid by the ability, combat-related injur- ervices. If you received any hat pay only to the extent to you would otherwise be e	nce, do e ry or retired hat it	\$	0.00	\$	0.00	
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Determine How to Measure Your Deductions from Income Copy your total average monthly income from line 11. \$ 5,59 Calculate the marital adjustment. Check one: You are not married. Fill in 0 below. You are married and your spouse is filing with you. Fill in 0 below. You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 below. \$	Calcu each	ulate your total average monthly income. A column. Then add the total for Column A to the	dd lines 2 through 10 for e total for Column B.	\$	2,910.00	+ \$	2,689.42	= \$	5,599.4
Calculate the marital adjustment. Check one: You are not married. Fill in 0 below. You are married and your spouse is filing with you. Fill in 0 below. You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 below. \$ \$ Total Copy here=> - 5.50	2:	Determine How to Measure Your Deduction	ons from Income						tal average onthly income
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+\$ Total \$ Copy here=>	i C E	Fill in the amount of the income listed in line 1 dependents, such as payment of the spouse's Below, specify the basis for excluding this incoadjustments on a separate page.	Column B, that was NO tax liability or the spouse's ome and the amount of income.	s suppoi	rt of someone	e other	than you or yo	ur depend	ents.
Total \$ 0.00 Copy here=>				\$					
0 550				+\$					
Your current monthly income. Subtract line 13 from line 12 \$ 5,59		Total		\$	0.0	0 0	Copy here=>		0
	You	r current monthly income. Subtract line 13	from line 12.			1		\$	5,599.4
	15a.	Copy line 14 here=>						\$	5,599.

Clifton Jerry Holifield, II

Debtor 1 Debtor 2		ifton Jerry Holifield, II lyla Eubanks Holifield		Case number (if known)		
		Multiply line 15a by 12 (the number of months in	n a year).)	c 12
1	5b.	The result is your current monthly income for the	e year for this part o	of the form	\$_	67,193.04
16. C a	alcula	te the median family income that applies to	you. Follow these s	steps:		
16	a. Fil	in the state in which you live.	MS	_		
16	b. Fil	in the number of people in your household.	4			
16	To	in the median family income for your state and find a list of applicable median income amount tructions for this form. This list may also be ava	s, go online using th		\$_	89,229.00
17. H d	ow do	the lines compare?				
17	'a.	Line 15b is less than or equal to line 16c. (11 U.S.C. § 1325(b)(3). Go to Part 3. Do N				
17	b.	☐ Line 15b is more than line 16c. On the top 1325(b)(3). Go to Part 3 and fill out Calcuyour current monthly income from line 14 a	ulation of Your Dis			
Part 3:	(Calculate Your Commitment Period Under 11	U.S.C. § 1325(b)(4	1)		
18. C c	ору у	our total average monthly income from line 1	1.		\$	5,599.42
co sp	ntend ouse	the marital adjustment if it applies. If you are that calculating the commitment period under 1 s income, copy the amount from line 13. ne marital adjustment does not apply, fill in 0 on	married, your spot 1 U.S.C. § 1325(b)	use is not filing with you, and you	- \$	0.00
19)b. S u	btract line 19a from line 18.			\$	5,599.42
20. C a	alcula	te your current monthly income for the year.	Follow these step	S:		
20	a. Co	py line 19b			\$_	5,599.42
	М	ltiply by 12 (the number of months in a year).				(12
20	b. Th	e result is your current monthly income for the y	ear for this part of t	the form	\$_	67,193.04
20	oc. Co	py the median family income for your state and	size of household t	from line 16c	\$_	89,229.00
21	. Но	w do the lines compare?				
	•	Line 20b is less than line 20c. Unless otherwiperiod is 3 years. Go to Part 4.	se ordered by the o	court, on the top of page 1 of this form, ch	eck box 3,	The commitment
		Line 20b is more than or equal to line 20c. Ur commitment period is 5 years. Go to Part 4.	nless otherwise ord	ered by the court, on the top of page 1 of	this form, cl	heck box 4, The
Part 4:	9	ign Below			-	
Ву	/ sign	ng here, under penalty of perjury I declare that	the information on t	this statement and in any attachments is t	rue and cor	rect.
_		fton Jerry Holifield, II	X	/s/ Kayla Eubanks Holifield		
		n Jerry Holifield, II ure of Debtor 1		Kayla Eubanks Holifield Signature of Debtor 2		
	ate J	uly 25, 2025		Date _ July 25, 2025		
lf ,	MM / DD / YYYY If you checked 17a, do NOT fill out or file Form 122C-2.					

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Debtor 1 Debtor 2	Clifton Jerry Holifield, II Kayla Eubanks Holifield	Case number (if known)	
If yo	ou checked 17b, fill out Form 122C-2 and file it with this form. On lin	e 39 of that form, copy your current m	nonthly income from line 14 above.

Debtor 1	Clifton Jerry Holifield, II		
	Kayla Eubanks Holifield	Case number (if known)	

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 01/01/2025 to 06/30/2025.

Debtor 1	Clifton Jerry Holifield, II	
Debtor 2	Kayla Eubanks Holifield	Case number (if known)

Current Monthly Income Details for the Debtor's Spouse

Spouse Income Details:

Income for the Period 01/01/2025 to 06/30/2025.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Employment

Year-to-Date Income:

Total Year-to-Date Income: \$16,136.51 from check dated 6/30/2025 .

Average Monthly Income: \$2,689.42 .

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:		Liquidation	
\$24	5	filing fee	
\$78	8	administrative fee	
+ \$15	5_	trustee surcharge	
\$33	8	total fee	

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

\$571 administrative fee

\$1,738 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$78	administrative fee
	\$278	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$78	administrative fee
	\$313	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/forms/bankruptcy-forms

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://www.uscourts.gov/services-forms/bankruptcy/cre dit-counseling-and-debtor-education-courses.

In Alabama and North Carolina, go to: http://www.uscourts.gov/services-forms/bankruptcy/cre dit-counseling-and-debtor-education-courses.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. B2030 (Form 2030) (12/15)

any other adversary proceeding.

United States Bankruptcy Court Southern District of Mississippi

In re		Clifton Jerry Holifield, II Kayla Eubanks Holifield				
	-	Debtor(s)	Chapter	13		
		DISCLOSURE OF COMPENSATION OF ATTORN	NEY FOR DE	BTOR(S)		
1.	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:					
		FLAT FEE				
		For legal services, I have agreed to accept	\$	4,600.00		
		Prior to the filing of this statement I have received		227.00		
		Balance Due		4,373.00		
		RETAINER				
		For legal services, I have agreed to accept and received a retainer of	\$			
		The undersigned shall bill against the retainer at an hourly rate of [Or attach firm hourly rate schedule.] Debtor(s) have agreed to pay all Court approve fees and expenses exceeding the amount of the retainer.	\$d			
2.	The	e source of the compensation paid to me was:				
		■ Debtor □ Other (specify):				
3.	The	e source of compensation to be paid to me is:				
		■ Debtor □ Other (specify):				
4.	■ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law fi					
		I have agreed to share the above-disclosed compensation with a person or persons who copy of the agreement, together with a list of the names of the people sharing in the co				
5.	In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:					
	b. c.	Analysis of the debtor's financial situation, and rendering advice to the debtor in determ Preparation and filing of any petition, schedules, statement of affairs and plan which m Representation of the debtor at the meeting of creditors and confirmation hearing, and a [Other provisions as needed] Negotiations with secured creditors to reduce to market value; exem reaffirmation agreements and applications as needed; preparation ar 522(f)(2)(A) for avoidance of liens on household goods.	ay be required; any adjourned hear ption planning;	rings thereof;		
6.	Ву	agreement with the debtor(s), the above-disclosed fee does not include the following se	ervice:			

Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or

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In re	Clifton Jerry Holifield, II Kayla Eubanks Holifield		Case No.
		Debtor(s)	

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

(Continuation Sheet)

(Convinuence Sites)						
CERTIFICATION						
I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.						
July 25, 2025	/s/ Thomas C. Rollins, Jr.					
Date	Thomas C. Rollins, Jr. 103469					
	Signature of Attorney					
	The Rollins Law Firm, PLLC					
	P.O. Box 13767					
	Jackson, MS 39236					
	601-500-5533 Fax: 600-500-5296					
	trollins@therollinsfirm.com					
	Name of law firm					